

Urgent Need for Enhanced Services for Persons Receiving Waiver Services

This form must be completed by the Case Manager and submitted to the Regional Manager for approval. "Yes" to one or more of the questions below indicates that there is likely an urgent risk to the individual's health and welfare. Any "Yes" answer requires an explanation. Once approved the Case Manager must immediately begin to identify services and providers to meet the urgent needs of the individual. If the individual's needs cannot be met within the DDP service system, the regional office should immediately begin looking at other options. For purposes of this form, urgent needs are those that are current or impending within (30 days) and cannot be resolved without permanent funding.

Enter Client Name and AWACS #

Enter Date

Completed By

1. Has the individual's health/physical situation progressed to a stage where the person or caregiver(s) can no longer provide care that assures the individual's health and welfare? Choose an item: ☐ Yes ☐ No

Enter Explanation here

2. Does the caregiver need immediate support to keep the individual at home due to a long-term situation such as the caregiver has become permanently disabled or terminally ill? Choose an item: ☐ Yes ☐ No

Enter Explanation here

3. Is the caregiver unwilling or unable to continue providing care, has the caregiver died, or is the caregiver nowhere to be found (e.g., moved out of town or out of state)? This assumes that the person is an adult and the person cannot take care of her/himself and will be dangerous to self/others without support being provided? Choose an item: ☐ Yes ☐ No

Enter Explanation here

4. Abuse, neglect or exploitation has been suspected in the last 30 days and Adult Protective Services or Child Protective Services has found maltreatment indicated and the situation remains unresolved. Choose an item: ☐ Yes ☐ No

Enter Explanation here

5. Is the person homeless or living in a temporary placement (e.g., a homeless shelter) and immediately needs a place to live and additional Waiver supports would resolve the situation? Choose an item: ☐ Yes ☐ No

Enter Explanation here

6. Does the individual present an urgent risk to the safety of others which jeopardizes their ability to live in the community? Choose an item: ☐ Yes ☐ No

Enter Explanation here

7. Are there other reasons not identified above that indicate an urgent risk to the individual's health and welfare? Choose an item: ☐ Yes ☐ No

Enter Explanation here

Approval Signatures:

Case Manager Electronic Signature (Type Name)

Date

Regional Manager Electronic Signature (Type Name)

Date